

Form IRSP-100

NEW JERSEY DEPARTMENT OF CORRECTIONS
(DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY)

SWSP-010423

INMATE GRIEVANCE
(QUEJAS DE LOS RECLUSOS)

FIRST SUBMIT

You must file a formal grievance within 14 business days of the unsuccessful outcome of an informal complaint.

Did you file an informal complaint about this issue? Yes ☐ No ☐ If so, with whom? 12/29/16 MEDICAL

Date: 12/23/16

Please attach a copy of the Inmate Inquiry Form indicating that you attempted to resolve this complaint.

PART (PARTE 1)

INMATE'S NAME (NOMBRE): ERIC HINES SBI NUMBER (NUMERO DE SBI): 1467733 DATE (FECHA): 1/26/17

INSTITUTION: SWSP HOUSING UNIT: SU C-20 1026

(INSTITUCION)

(UNIDAD DE VIVENDA)

****PLEASE RETAIN PINK COPY FOR YOUR RECORDS

TYPE OF GRIEVANCE (Only Check one box)
TIPO DE SOLICITUD (SOLO UNA CASILLA)

ADA ☐ Custody ☐ Mailroom ☐ SID ☐
Administrative Offices ☒ Education ☐ Medical/Dental/Mental Health ☐ Social Services ☐
Business Office ☐ Food Service ☐ Parole ☐ Visits ☐
Classification ☐ Law Library ☐ RCRP/Comm Programs ☐

State Your Grievance (Who, What, Where & When) ON 12/29/16 JENNIFER FAIRSTEAD, BRING INQUIRY 12/23/16 TO A WINDOW CELL, STATED, "STOP COMPLAINING ABOUT YOUR SHOULDER, YOU REFUSED SECOND OPERATION OF DR. MILLER, SO I'M STOPPING YOUR PAIN MEDICATION. NOW YOU EITHER SUFFER IN PAIN OR HAVE SECOND OPERATION. MS. FAIRSTEAD HAS REFUSED TO ADDRESS INMATE INQUIRY SHE DISPLAYED AT CELL WINDOW.

PART (PARTE 2): No action taken on this form. DOC Redirection form issued with paragraph(s) # marked. [No se tomó ninguna medida en este formulario. Se proyectó el formulario de DOC Redirection Form con el (los) párrafo(s) # indicado(s).]

CASE NUMBER (NUMERO DEL CASO) YEAR (AÑO) MONTH (MES) CASE NUMBER (NUMERO DE CASO)

RECEIVED BY: (RECIBIDO POR) DATE FORWARDED TO DEPT: (FECHA EN QUE SE ENVIO AL DEPARTAMENTO) DEPARTMENT: (DEPARTAMENTO)

PART (PARTE 3) STAFF RESPONSE AREA (AREA DE RESPUESTA DEL PERSONAL)

STAFF SIGNATURE (FIRMA DEL PERSONAL) DATE (FECHA) SIGNATURE OF ADMINISTRATIVE DESIGNEE (Firma del La Persona Administrativa Correspondiente Designado Por El) DATE (FECHA)

PART (PARTE 4) INMATE'S ADMINISTRATIVE APPEAL INFORMATION (INFORMACIÓN DE APELACION ADMINISTRATIVA DEL CONFINDA):

ADDITIONAL ATTACHMENTS: (DOCUMENTOS ADJUNTOS ADICIONALES)

INMATE'S SIGNATURE (Firma Del Confinado) DATE (FECHA)

INMATE GRIEVANCE
(QUEJAS DE LOS RECLUSOS)

You must file a formal grievance within 14 business days of the unsuccessful outcome of an informal complaint.
Did you file an informal complaint about this issue? Yes ☒ No ☐ If so, with whom? MEDICAL DEPT Date: 12/5/14
Please attach a copy of the Inmate Inquiry Form indicating that you attempted to resolve this complaint.

PART (PARTE 1)
INMATE'S NAME (NOMBRE): ERIC HINES SBI NUMBER (NUMERO DE SBI): 1469932 DATE (FECHA): 1/7/2014

INSTITUTION: ESSP HOUSING UNIT: 9D4-1-1
(INSTITUCION) (UNIDAD DE VIVENDA)

****PLEASE RETAIN PINK COPY FOR YOUR RECORDS

TYPE OF GRIEVANCE (Only Check one box)
TIPO DE SOLICITUD (SOLO UNA CASILLA)

ADA	<input type="checkbox"/>	Custody	<input type="checkbox"/>	Mailroom	<input type="checkbox"/>	SID	<input type="checkbox"/>
Administrative Offices	<input checked="" type="checkbox"/>	Education	<input type="checkbox"/>	Medical/Dental/Mental Health	<input type="checkbox"/>	Social Services	<input type="checkbox"/>
Business Office	<input type="checkbox"/>	Food Service	<input type="checkbox"/>	Parole	<input type="checkbox"/>	Visits	<input type="checkbox"/>
Classification	<input type="checkbox"/>	Law Library	<input type="checkbox"/>	RCRP/Comm Programs	<input type="checkbox"/>		

State Your Grievance (Who, What, Where & When): DR. ASHLEY INFORMED ME MEDICAL SERVICES WERE DENIED
BUT WONT ADDRESS MATTER ON INMATE INQUIRE DATE 12/5/14. MR. ADRIAN MEDINA
ADVISE DATED 11/6/2014 MOTION NO. 10-006517-13 MOTION FOR REMAND RE MEDICAL
SERVICES. DR. WOODWARD REFUSED CITING COST. THERE REFUSAL TO REDRESS INMATE
INQUIRE, IN TITLES ME TO ADMINISTRATIVE APPEAL FINAL DECISION IN ORDER
TO FURTHER COMPLAINT

PART (PARTE 2): No action taken on this form. DOC Redirection form issued with paragraph(s) # _____ marked.
[No se tomó ninguna medida en este formulario. Se proveyó el formulario de DOC Redirection Form con el (los) párrafo(s) # _____ indicado(s).]

CASE NUMBER: YEAR MONTH CASE NUMBER
(NUMERO DEL CASO) (AÑO) (MES) (NUMERO DE CASO)

RECEIVED BY: DATE FORWARDED TO DEPT. DEPARTMENT
(RECIBIDO POR) (FECHA EN QUE SE ENVIO AL DEPARTAMENTO) (DEPARTAMENTO)

PART (PARTE 3) STAFF RESPONSE AREA (AREA DE RESPUESTA DEL PERSONAL):

STAFF SIGNATURE (FIRMA DEL PERSONAL) DATE (FECHA) SIGNATURE OF ADMINISTRATIVE DESIGNEE DATE (FECHA)
(Firma de la Persona Administrativa Correspondiente Designado Por El)

PART (PARTE 4) INMATE'S ADMINISTRATIVE APPEAL INFORMATION (INFORMACIÓN DE APELACION ADMINISTRATIVA DEL CONFINDA):

ADDITIONAL ATTACHMENTS:
(DOCUMENTOS ADJUNTOS ADICIONALES)

INMATE'S SIGNATURE (Firma Del Confinado) DATE (FECHA)

EXHIBIT D-1

NJDOC INMATE INQUIRY FORM

Must Be Placed In The Inmate Remedy System Box

Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMEME UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

* ADMINISTRATION *
<input type="checkbox"/> Housing Status
<input type="checkbox"/> Program Removal
<input type="checkbox"/> Reinstate Contact Visit
BUSINESS OFFICE
<input type="checkbox"/> Business Remits / Receipts
<input type="checkbox"/> Check / Money Order
<input type="checkbox"/> Fine Payments
<input type="checkbox"/> Refunds
<input type="checkbox"/> State Pay
<input type="checkbox"/> Statements
CLASSIFICATION
<input type="checkbox"/> Citizenship
<input type="checkbox"/> Detainers / Open Charges
<input type="checkbox"/> Institutional Transfer
<input type="checkbox"/> Interstate Status
<input type="checkbox"/> Job Eligibility
<input type="checkbox"/> Problem w/ Sentence Calc.
<input type="checkbox"/> Restoration of Comm Time
<input type="checkbox"/> SASRC
<input type="checkbox"/> Status
<input type="checkbox"/> Work Credit
CUSTODY
<input type="checkbox"/> Cell Moves
<input type="checkbox"/> General
<input type="checkbox"/> Housing Unit Issues
CUSTODY / MAILROOM
<input type="checkbox"/> Status on Purchases
<input type="checkbox"/> Incoming Mail
<input type="checkbox"/> Legal Mail
<input type="checkbox"/> Outgoing Mail
EDUCATION / LAW LIB
<input type="checkbox"/> Certificates
<input type="checkbox"/> College Courses / GED / Classes
<input type="checkbox"/> Programs
<input type="checkbox"/> Legal Call
<input type="checkbox"/> Paralegal Assist / Supplies

FOOD SERVICES
<input type="checkbox"/> Denied / Not Received Diet
<input type="checkbox"/> Food Allergies
<input type="checkbox"/> Food Issues / Prep
<input type="checkbox"/> Proper Special Diet
MEDICAL / MENTAL HEALTH / DENTAL
<input type="checkbox"/> Class Sign-up / Completed Programs
<input type="checkbox"/> Concerns
<input type="checkbox"/> Co-Pay Refunds
<input type="checkbox"/> Emergencies
<input type="checkbox"/> Eye Glasses
<input type="checkbox"/> Medical Records
<input type="checkbox"/> Medication
<input type="checkbox"/> M007 Form
<input type="checkbox"/> Referrals
<input type="checkbox"/> Dental
PAROLE
<input type="checkbox"/> Address Change / Parole Plan
<input type="checkbox"/> Opt Out of Parole Hearing
<input type="checkbox"/> Parole Board Hearings
<input type="checkbox"/> PED Calculations
RCRP COMM. PROGRAMS
<input type="checkbox"/> Denial of Program
<input type="checkbox"/> Eligibility Criteria
<input type="checkbox"/> Status of Application
RELIGIOUS SERVICES
<input type="checkbox"/> Certificate Completions
<input type="checkbox"/> Religious Classifications
<input type="checkbox"/> Religious Diets
<input type="checkbox"/> Religious Items
SOCIAL SERVICES
<input type="checkbox"/> Family Emergency
<input type="checkbox"/> Marriage Request
<input type="checkbox"/> Program Enrollment / Completion
<input type="checkbox"/> Release ID / BC / SSN Card / MVC / Vet Asst.
<input type="checkbox"/> Release Planning
<input type="checkbox"/> SSI / SSDI / Affordable Healthcare
<input type="checkbox"/> TDD
<input type="checkbox"/> Others

SID	VISITS	OSAPAS
<input type="checkbox"/> K/S	<input type="checkbox"/> Denied Visitors	<input type="checkbox"/> Living in Balance
<input type="checkbox"/> PC	<input type="checkbox"/> Ex-Offender Visits	<input type="checkbox"/> N/A and A/A
<input type="checkbox"/> STG	<input type="checkbox"/> Issues at Visits	<input type="checkbox"/> Engaging the Family
<input type="checkbox"/> Visitor Ban		<input type="checkbox"/> RPP
THIS SECTION TO BE COMPLETED BY INMATE		
Inmate Name: <u>ERIC HINES</u> Date: <u>3/29/16</u>		
State Number: <u>663502</u> SBI#: <u>146993B</u>		
Housing Unit: <u>FCU-2</u> Work Detail Hours: <u>N/A</u>		
REQUEST: <u>"CRUEL AND UNUSUAL PUNISHMENT TO DIS- ABLE INMATE"</u>		
<u>E3 COMMUNITY NURSE CLEARED INMATE FOR PHD IN "D" BUILDING ON 2/21/16. BUT NURSE REFUSED INMATE RE- QUEST FOR CLEAN DIAPERS & MEDICAL EQUIPMENT TO CLEAN HIMSELF. SECOND PAGE OVER</u>		
FOR OFFICIAL USE ONLY		
(PARA USO OFICIAL SOLAMENTE - NO ESCRIBA EN EL AREA SOMBREADA)		
Date Received:		
Staff Receiving Request:		
THIS FORM CANNOT BE PROCESSED:		
(Listed ha sido citado para entrevista en)		
You have been scheduled for an interview on:		
Check the Daily Appointment Schedule for your name.		
Staff Response:		
IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING UNIT SOCIAL WORKER		
(SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU TRABAJADOR SOCIAL DE UNIDAD)		

Must Be Placed In The Inmate Remedy System Box

Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMEME UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

EXHIBIT D-3

ADMINISTRATION	
<input type="checkbox"/>	Housing Status
<input type="checkbox"/>	Program Removal
<input type="checkbox"/>	Reinstate Contact Visit
BUSINESS OFFICE	
<input type="checkbox"/>	Business Remits / Receipts
<input type="checkbox"/>	Check / Money Order
<input type="checkbox"/>	Fine Payments
<input type="checkbox"/>	Refunds
<input type="checkbox"/>	State Pay
<input type="checkbox"/>	Statements
CLASSIFICATION	
<input type="checkbox"/>	Citizenship
<input type="checkbox"/>	Detainers / Open Charges
<input type="checkbox"/>	Institutional Transfer
<input type="checkbox"/>	Interstate Status
<input type="checkbox"/>	Job Eligibility
<input type="checkbox"/>	Problem w/ Sentence Calc.
<input type="checkbox"/>	Restoration of Comm Time
<input type="checkbox"/>	SASRC
<input type="checkbox"/>	Status
<input type="checkbox"/>	Work Credit
CUSTODY	
<input type="checkbox"/>	Cell Moves
<input type="checkbox"/>	General
<input type="checkbox"/>	Housing Unit Issues
CUSTODY / MAILROOM	
<input type="checkbox"/>	Status on Purchases
<input type="checkbox"/>	Incoming Mail
<input type="checkbox"/>	Legal Mail
<input type="checkbox"/>	Outgoing Mail
EDUCATION / LAW LIB	
<input type="checkbox"/>	Certificates
<input type="checkbox"/>	College Courses / GED / Classes
<input type="checkbox"/>	Programs
<input type="checkbox"/>	Legal Call
<input type="checkbox"/>	Paralegal Assist / Supplies
<input type="checkbox"/>	SIX MONTH REPORT
<input type="checkbox"/>	STATEMENT SIGNATURE

FOOD SERVICES	
<input type="checkbox"/>	Denied / Not Received Diet
<input type="checkbox"/>	Food Allergies
<input type="checkbox"/>	Food Issues / Prep
<input type="checkbox"/>	Proper Special Diet
MEDICAL / MENTAL HEALTH / DENTAL	
<input type="checkbox"/>	Class Sign-up / Completed Programs
<input type="checkbox"/>	Concerns
<input type="checkbox"/>	Co-Pay Refunds
<input type="checkbox"/>	Emergencies
<input type="checkbox"/>	Eye Glasses
<input type="checkbox"/>	Medical Records
<input type="checkbox"/>	Medication
<input type="checkbox"/>	M007 Form
<input type="checkbox"/>	Referrals
<input type="checkbox"/>	Dental
PAROLE	
<input type="checkbox"/>	Address Change / Parole Plan
<input type="checkbox"/>	Opt Out of Parole Hearing
<input type="checkbox"/>	Parole Board Hearings
<input type="checkbox"/>	PED Calculations
RCRP COMM. PROGRAMS	
<input type="checkbox"/>	Denial of Program
<input type="checkbox"/>	Eligibility Criteria
<input type="checkbox"/>	Status of Application
RELIGIOUS SERVICES	
<input type="checkbox"/>	Certificate Completions
<input type="checkbox"/>	Religious Classifications
<input type="checkbox"/>	Religious Diets
<input type="checkbox"/>	Religious Items
SOCIAL SERVICES	
<input type="checkbox"/>	Family Emergency
<input type="checkbox"/>	Marriage Request
<input type="checkbox"/>	Program Enrollment / Completion
<input type="checkbox"/>	Release ID / BC / SSN Card / MVC / Vet Asst.
<input type="checkbox"/>	Release Planning
<input type="checkbox"/>	SSI / SSDI / Affordable Healthcare
<input type="checkbox"/>	TDD
<input type="checkbox"/>	Others

SID		VISITS		OSAPAS	
<input type="checkbox"/>	K/S	<input type="checkbox"/>	Denied Visitors	<input type="checkbox"/>	Living in Balance
<input type="checkbox"/>	PC	<input type="checkbox"/>	Ex-Offender Visits	<input type="checkbox"/>	N/A and A/A
<input type="checkbox"/>	STG	<input type="checkbox"/>	Issues at Visits	<input type="checkbox"/>	Engaging the Family
<input type="checkbox"/>	Visitor Ban	<input type="checkbox"/>		<input type="checkbox"/>	RPP
THIS SECTION TO BE COMPLETED BY INMATE					
Inmate Name: ERIC HINES			Date: 12/20/2016		
State Number: 603508			SBI#: 196773B		
Housing Unit: ACSU/ERD/102			Work Detail Hours: LOCK UP		
REQUEST: SECOND REQUEST, PLEASE SEND SIX MONTH ACCO- UNT STATEMENT AND ACCOUNT CERTIFICATION SIGNED BY PRISON OFFICIAL AND RETURN. THANK YOU					
FOR OFFICIAL USE ONLY					
(PARA USO OFICIAL SOLAMENTE - NO ESCRIBA EN EL AREA SOMBREADA)					
Date Received:					
Staff Receiving Request:					
THIS FORM CANNOT BE PROCESSED:					
(Usted ha sido citado para entrevista en)					
You have been scheduled for an interview on:					
Check the Daily Appointment Schedule for your name.					
Staff Response:					
IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING UNIT SOCIAL WORKER (SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU TRABAJADOR SOCIAL DE UNIDAD)					

Distribution: (Original) Department Copy
(Yellow) Inmate's Copy With Response
(Pink) Inmate Copy

Form IRSF-101

Complete One Form For Each Department / Program / Service.

FOOD SERVICES	
<input type="checkbox"/>	Denied / Not Received Diet
<input type="checkbox"/>	Food Allergies
<input type="checkbox"/>	Food Issues / Prep
<input type="checkbox"/>	Proper Special Diet
MEDICAL / MENTAL HEALTH / DENTAL	
<input type="checkbox"/>	Class Sign-up / Completed Programs
<input type="checkbox"/>	Concerns
<input type="checkbox"/>	Co-Pay Refunds
<input type="checkbox"/>	Emergencies
<input type="checkbox"/>	Eye Glasses
<input type="checkbox"/>	Medical Records
<input type="checkbox"/>	Medication
<input type="checkbox"/>	M007 Form
<input type="checkbox"/>	Referrals
<input type="checkbox"/>	Dental
PAROLE	
<input type="checkbox"/>	Address Change / Parole Plan
<input type="checkbox"/>	Opt Out of Parole Hearing
<input type="checkbox"/>	Parole Board Hearings
<input type="checkbox"/>	PED Calculations
RCRP COMM. PROGRAMS	
<input type="checkbox"/>	Denial of Program
<input type="checkbox"/>	Eligibility Criteria
<input type="checkbox"/>	Status of Application
RELIGIOUS SERVICES	
<input type="checkbox"/>	Certificate Completions
<input type="checkbox"/>	Religious Classifications
<input type="checkbox"/>	Religious Diets
<input type="checkbox"/>	Religious Items
SOCIAL SERVICES	
<input type="checkbox"/>	Family Emergency
<input type="checkbox"/>	Marriage Request
<input type="checkbox"/>	Program Enrollment / Completion
<input type="checkbox"/>	Release ID / BC / SSN Card / MVC / Vet Asst.
<input type="checkbox"/>	Release Planning
<input type="checkbox"/>	SSI / SSDI / Affordable Healthcare
<input type="checkbox"/>	TDD
<input type="checkbox"/>	Others

ADMINISTRATION		
	Housing Status	
	Program Removal	
	Reinstate Contact Visit	
BUSINESS OFFICE		
	Business Remits / Receipts	
	Check / Money Order	
	Fine Payments	
	Refunds	
	State Pay	
	Statements	
CLASSIFICATION		
	Citizenship	
	Detainers / Open Charges	
	Institutional Transfer	
	Interstate Status	
	Job Eligibility	
	Problem w/ Sentence Calc.	
	Restoration of Comm Time	
	SASRC	
	Status	
	Work Credit	
CUSTODY		
	Cell Moves	
	General	
	Housing Unit Issues	
CUSTODY / MAILROOM		
	Status on Purchases	
	Incoming Mail	
	Legal Mail	
	Outgoing Mail	
EDUCATION / LAW LIB		
	Certificates	
	College Courses / GED / Classes	
	Programs	
	Legal Call	
	Paralegal Assist / Supplies	

SID		VISITS		OSAPAS	
<input type="checkbox"/>	K/S	<input type="checkbox"/>	Denied Visitors	<input type="checkbox"/>	Living in Balance
<input type="checkbox"/>	PC	<input type="checkbox"/>	Ex-Offender Visits	<input type="checkbox"/>	N/A and A/A
<input type="checkbox"/>	STG	<input type="checkbox"/>	Issues at Visits	<input type="checkbox"/>	Engaging the Family
<input type="checkbox"/>	Visitor Ban	<input type="checkbox"/>		<input type="checkbox"/>	RPP
THIS SECTION TO BE COMPLETED BY INMATE					
Inmate Name: ERIC HINES				Date: 11/15/2016	
State Number: 180508		SBI#: 141693B			
Housing Unit: ACSO 2-D-1026		Work Detail Hours: LOCK UP			
REQUEST: PLEASE SIGN ATTACH DOCUMENT AND RETURN WITH SIX MONTH ACCOUNT STATEMENT.					
FOR OFFICIAL USE ONLY					
(PARA USO OFICIAL SOLAMENTE - NO ESCRIBA EN EL AREA SOMBREADA)					
Date Received:					
Staff Receiving Request:					
THIS FORM CANNOT BE PROCESSED:					
(Usted ha sido citado para entrevista en)					
You have been scheduled for an interview on:					
Check the Daily Appointment Schedule for your name.					
Staff Response:					
IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING UNIT SOCIAL WORKER					
(SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU TRABAJADOR SOCIAL DE UNIDAD)					

(MARQUE SOLAMENTE UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

**IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING
UNIT SOCIAL WORKER**
(SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU
TRABAJADOR SOCIAL DE UNIDAD)

(MARQUE SOLAMENTE UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

SID	VISITS	OSAPAS
<input type="checkbox"/> K/S <input type="checkbox"/> PC <input type="checkbox"/> STG <input type="checkbox"/> Visitor Ban	<input type="checkbox"/> Denied Visitors <input type="checkbox"/> Ex-Offender Visits <input type="checkbox"/> Issues at Visits	<input type="checkbox"/> Living in Balance <input type="checkbox"/> N/A and A/A <input type="checkbox"/> Engaging the Family <input type="checkbox"/> RPP
THIS SECTION TO BE COMPLETED BY INMATE		
Inmate Name: <u>ERIC HINES</u>		Date: <u>12/24/16</u>
State Number: <u>66350C</u> SBI#: <u>1467115F</u>		
Housing Unit: <u>A-20 1026</u> Work Detail Hours: <u>ADSE C</u>		
REQUEST: <u>ON 12/24/16 PROVIDER N/P MS JENNIFER FAIRSTEAD</u> <u>APPEARED AT CELL 1026 "NOTE: "YOUR THREATS DIDN'T FAIL ON</u> <u>DEAF EARS. YOU STATED "STOP COMPLAIN ABOUT YOUR SHOX"</u> <u>YOU REFUSED DR. MILLER SECOND OPERATION. SO I'M STOP</u> <u>PING YOUR PAIN MEDICATION." NOW YOUR EITHER SUFFER</u> <u>IN PAIN, OR HAVE THE SECOND OPERATION. ALSO I'M</u> <u>SIGNING YOU UP FOR PHYSICAL THERAPY. (SECOND PAGE ATT</u>		
FOR OFFICIAL USE ONLY		
(PARA USO OFICIAL SOLAMENTE. NO ESCRIBA EN EL AREA SOMBREADA)		
Date Received:		
Staff Receiving Request:		
THIS FORM CANNOT BE PROCESSED:		
(Used ha sido citado para entrevista en)		
You have been scheduled for an interview on:		
Check the Daily Appointment Schedule for your name.		
Staff Response:		
IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING UNIT SOCIAL WORKER (SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU TRABAJADOR SOCIAL DE UNIDAD)		

NJDOC INMATE INQUIRY FORM

Must Be Placed In The Inmate Remedy System Box

Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMEME UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

ADMINISTRATION
<input type="checkbox"/> Housing Status
<input type="checkbox"/> Program Removal
<input type="checkbox"/> Reinstate Contact Visit
BUSINESS OFFICE
<input type="checkbox"/> Business Remits / Receipts
<input type="checkbox"/> Check / Money Order
<input type="checkbox"/> Fine Payments
<input type="checkbox"/> Refunds
<input type="checkbox"/> State Pay
<input type="checkbox"/> Statements
CLASSIFICATION
<input type="checkbox"/> Citizenship
<input type="checkbox"/> Detainers / Open Charges
<input type="checkbox"/> Institutional Transfer
<input type="checkbox"/> Interstate Status
<input type="checkbox"/> Job Eligibility
<input type="checkbox"/> Problem w/ Sentence Calc.
<input type="checkbox"/> Restoration of Comm Time
<input type="checkbox"/> SASRC
<input type="checkbox"/> Status
<input type="checkbox"/> Work Credit
CUSTODY
<input type="checkbox"/> Cell Moves
<input type="checkbox"/> General
<input type="checkbox"/> Housing Unit Issues
CUSTODY / MAILROOM
<input type="checkbox"/> Status on Purchases
<input type="checkbox"/> Incoming Mail
<input type="checkbox"/> Legal Mail
<input type="checkbox"/> Outgoing Mail
EDUCATION / LAW LIB
<input type="checkbox"/> Certificates
<input type="checkbox"/> College Courses / GED / Classes
<input type="checkbox"/> Programs
<input type="checkbox"/> Legal Call
<input type="checkbox"/> Paralegal Assist / Supplies

FOOD SERVICES
<input type="checkbox"/> Denied / Not Received Diet
<input type="checkbox"/> Food Allergies
<input type="checkbox"/> Food Issues / Prep
<input type="checkbox"/> Proper Special Diet
MEDICAL / MENTAL HEALTH / DENTAL
<input type="checkbox"/> Class Sign-up / Completed Programs
<input checked="" type="checkbox"/> Concerns
<input type="checkbox"/> Co-Pay Refunds
<input type="checkbox"/> Emergencies
<input type="checkbox"/> Eye Glasses
<input type="checkbox"/> Medical Records
<input type="checkbox"/> Medication
<input type="checkbox"/> M007 Form
<input checked="" type="checkbox"/> Referrals
<input type="checkbox"/> Dental
PAROLE
<input type="checkbox"/> Address Change / Parole Plan
<input type="checkbox"/> Opt Out of Parole Hearing
<input type="checkbox"/> Parole Board Hearings
<input type="checkbox"/> PED Calculations
RCRP COMM. PROGRAMS
<input type="checkbox"/> Denial of Program
<input type="checkbox"/> Eligibility Criteria
<input type="checkbox"/> Status of Application
RELIGIOUS SERVICES
<input type="checkbox"/> Certificate Completions
<input type="checkbox"/> Religious Classifications
<input type="checkbox"/> Religious Diets
<input type="checkbox"/> Religious Items
SOCIAL SERVICES
<input type="checkbox"/> Family Emergency
<input type="checkbox"/> Marriage Request
<input type="checkbox"/> Program Enrollment / Completion
<input type="checkbox"/> Release ID / BC / SSN Card / MVC / Vet Asst.
<input type="checkbox"/> Release Planning
<input type="checkbox"/> SSI / SSDI / Affordable Healthcare
<input type="checkbox"/> TDD
<input type="checkbox"/> Others

SID	VISITS	OSAPAS
<input type="checkbox"/> K/S	<input type="checkbox"/> Denied Visitors	<input type="checkbox"/> Living in Balance
<input type="checkbox"/> PC	<input type="checkbox"/> Ex-Offender Visits	<input type="checkbox"/> N/A and A/A
<input type="checkbox"/> STG	<input type="checkbox"/> Issues at Visits	<input type="checkbox"/> Engaging the Family
<input type="checkbox"/> Visitor Ban		<input type="checkbox"/> RPP
THIS SECTION TO BE COMPLETED BY INMATE		
Inmate Name: <u>ERIC HINGS</u>		Date: <u>12-12-16</u>
State Number: <u>662502</u> SBN: <u>146773E</u>		
Housing Unit: <u>132 1026</u> Work Detail Hours: <u>1:00 PM - 4:00 PM</u>		
REQUEST: <u>LAST CONSULT WITH PROVIDER. I REQUESTED TO SEE ANOTHER SPECIALIST TO FIX DR. MULLER'S ORDER. BECAUSE I DON'T TRUST A SECOND ONE. BY HIM, ALSO, SEND HIM TO THE PRISON, AND SOMETHING SINUS MEDICATION ISN'T WORKING. ALL OF THIS CONCERN WERE KNOWN ON LAST CONSULT AND STILL NOTHING HAS HAPPENED.</u>		
FOR OFFICIAL USE ONLY		
(PARA USO OFICIAL SOLAMENTE. NO ESCRIBA EN EL AREA SOMBREADA)		
Date Received:		
Staff Receiving Request:		
THIS FORM CANNOT BE PROCESSED:		
(Usado ha sido citado para entrevista en)		
You have been scheduled for an interview on:		
Check the Daily Appointment Schedule for your name.		
Staff Response:		
IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING UNIT SOCIAL WORKER.		
(SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU TRABAJADOR SOCIAL DE UNIDAD)		

Page 9 of 10 PageID: 13

Complete One Form For Each Department / Program / Service.

FOOD SERVICES	
<input type="checkbox"/>	Denied / Not Received Diet
<input type="checkbox"/>	Food Allergies
<input type="checkbox"/>	Food Issues / Prep
<input type="checkbox"/>	Proper Special Diet
MEDICAL / MENTAL HEALTH / DENTAL	
<input checked="" type="checkbox"/>	Class Sign-up / Completed Programs
<input type="checkbox"/>	Concerns
<input type="checkbox"/>	Co-Pay Refunds
<input type="checkbox"/>	Emergencies
<input type="checkbox"/>	Eye Glasses
<input type="checkbox"/>	Medical Records
<input type="checkbox"/>	Medication
<input type="checkbox"/>	M007 Form
<input type="checkbox"/>	Referrals
<input type="checkbox"/>	Dental
PAROLE	
<input type="checkbox"/>	Address Change / Parole Plan
<input type="checkbox"/>	Opt Out of Parole Hearing
<input type="checkbox"/>	Parole Board Hearings
<input type="checkbox"/>	PED Calculations
RCRP COMM. PROGRAMS	
<input type="checkbox"/>	Denial of Program
<input type="checkbox"/>	Eligibility Criteria
<input type="checkbox"/>	Status of Application
RELIGIOUS SERVICES	
<input type="checkbox"/>	Certificate Completions
<input type="checkbox"/>	Religious Classifications
<input type="checkbox"/>	Religious Diets
<input type="checkbox"/>	Religious Items
SOCIAL SERVICES	
<input type="checkbox"/>	Family Emergency
<input type="checkbox"/>	Marriage Request
<input type="checkbox"/>	Program Enrollment / Completion
<input type="checkbox"/>	Release ID / BC / SSN Card / MVC / Vet Asst.
<input type="checkbox"/>	Release Planning
<input type="checkbox"/>	SSI / SSDI / Affordable Healthcare
<input type="checkbox"/>	TDD
<input type="checkbox"/>	Others

ADMINISTRATION		
	Housing Status	
	Program Removal	
	Reinstate Contact Visit	
BUSINESS OFFICE		
	Business Remits / Receipts	
	Check / Money Order	
	Fine Payments	
	Refunds	
	State Pay	
	Statements	
CLASSIFICATION		
	Citizenship	
	Detainers / Open Charges	
	Institutional Transfer	
	Interstate Status	
	Job Eligibility	
	Problem w/ Sentence Calc.	
	Restoration of Comm Time	
	SASRC	
	Status	
	Work Credit	
CUSTODY		
	Cell Moves	
	General	
	Housing Unit Issues	
CUSTODY / MAILROOM		
	Status on Purchases	
	Incoming Mail	
	Legal Mail	
	Outgoing Mail	
EDUCATION / LAW LIB		
	Certificates	
	College Courses / GED / Classes	
	Programs	
	Legal Call	
	Paralegal Assist / Supplies	

SID	
	K/S
	PC
	STG
	Visitor Ban

VISITS	
	Denied Visitors
	Ex-Offender Visits
	Issues at Visits

OSAPAS	
<input type="checkbox"/>	Living in Balance
<input type="checkbox"/>	N/A and A/A
<input type="checkbox"/>	Engaging the Family
<input type="checkbox"/>	RPP

Inmate Name: ERIC HINES	Date: 6/9/2015
State Number: 663508	SBI#: 1469935
Housing Unit: HOSPITAL	Work Detail Hours: MEDICAL
REQUEST: IVE BEEN MADE AWARE THAT TAKEN LIPITOR WITHOUT SUPPLEMENTAL DOING OF COLENUM Q10(COQ10) WILL CAUSE BREAKDOWN IN MUSCLE, AND SEVERE ACHES IS THIS A PART OF DAMAGE CAUSING ME TO FAIL DOWN	

(PARA USO OFICIAL SOLAMENTE - NO ESCRIBA EN EL AREA SOMBREADA)

Date Received:

Staff Receiving Request:

THIS FORM CANNOT BE PROCESSED:

(Usted ha sido citado para entrevista en)

You have been scheduled for an interview on:

Check the Daily Appointment Schedule for your name.

Staff Response:

**IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING
UNIT SOCIAL WORKER
(SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU
TRABAJADOR SOCIAL DE UNIDAD)**

EXHIBIT D-8

Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMEME UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

ADMINISTRATION	
<input type="checkbox"/>	Housing Status
<input type="checkbox"/>	Program Removal
<input type="checkbox"/>	Reinstate Contact Visit
BUSINESS OFFICE	
<input type="checkbox"/>	Business Remits / Receipts
<input type="checkbox"/>	Check / Money Order
<input type="checkbox"/>	Fine Payments
<input type="checkbox"/>	Refunds
<input type="checkbox"/>	State Pay
<input type="checkbox"/>	Statements
CLASSIFICATION	
<input type="checkbox"/>	Citizenship
<input type="checkbox"/>	Detainers / Open Charges
<input type="checkbox"/>	Institutional Transfer
<input type="checkbox"/>	Interstate Status
<input type="checkbox"/>	Job Eligibility
<input type="checkbox"/>	Problem w/ Sentence Calc.
<input type="checkbox"/>	Restoration of Comm Time
<input type="checkbox"/>	SASRC
<input type="checkbox"/>	Status
<input type="checkbox"/>	Work Credit
CUSTODY	
<input type="checkbox"/>	Cell Moves
<input type="checkbox"/>	General
<input type="checkbox"/>	Housing Unit Issues
CUSTODY / MAILROOM	
<input type="checkbox"/>	Status on Purchases
<input type="checkbox"/>	Incoming Mail
<input type="checkbox"/>	Legal Mail
<input type="checkbox"/>	Outgoing Mail
EDUCATION / LAW LIB	
<input type="checkbox"/>	Certificates
<input type="checkbox"/>	College Courses / GED / Classes
<input type="checkbox"/>	Programs
<input type="checkbox"/>	Legal Call
<input type="checkbox"/>	Paralegal Assist / Supplies

FOOD SERVICES	
<input type="checkbox"/>	Denied / Not Received Diet
<input type="checkbox"/>	Food Allergies
<input type="checkbox"/>	Food Issues / Prep
<input type="checkbox"/>	Proper Special Diet
MEDICAL / MENTAL HEALTH / DENTAL	
<input type="checkbox"/>	Class Sign-up / Completed Programs
<input checked="" type="checkbox"/>	Concerns
<input type="checkbox"/>	Co-Pay Refunds
<input type="checkbox"/>	Emergencies
<input type="checkbox"/>	Eye Glasses
<input type="checkbox"/>	Medical Records
<input type="checkbox"/>	Medication
<input type="checkbox"/>	M007 Form
<input type="checkbox"/>	Referrals
<input type="checkbox"/>	Dental
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<input type="checkbox"/>	Address Change / Parole Plan
<input type="checkbox"/>	Opt Out of Parole Hearing
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<input type="checkbox"/>	PED Calculations
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<input type="checkbox"/>	Eligibility Criteria
<input type="checkbox"/>	Status of Application
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<input type="checkbox"/>	Religious Items
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<input type="checkbox"/>	Family Emergency
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<input type="checkbox"/>	Release ID / BC / SSN Card / MVC / Vet Asst.
<input type="checkbox"/>	Release Planning
<input type="checkbox"/>	SSI / SSDI / Affordable Healthcare
<input type="checkbox"/>	TDD
<input type="checkbox"/>	Others

SID	
<input type="checkbox"/>	K/S
<input type="checkbox"/>	PC
<input type="checkbox"/>	STG
<input type="checkbox"/>	Visitor Ban

VISITS	
<input type="checkbox"/>	Denied Visitors
<input type="checkbox"/>	Ex-Offender Visits
<input type="checkbox"/>	Issues at Visits

OSAPAS	
<input type="checkbox"/>	Living in Balance
<input type="checkbox"/>	N/A and A/A
<input type="checkbox"/>	Engaging the Family
<input type="checkbox"/>	RPP

THIS SECTION TO BE COMPLETED BY INMATE	
Inmate Name: ERIC HINES	Date: 1/23/2017
State Number: 063508	SBI#: 146443D
Housing Unit: ACST-C-POD	Work Detail Hours: ACJU
REQUEST: ON 1/11/2017 WAS SENT TO SEMC FOR A CAT SCAN ON THE CHEST, BUT KNOWSOME HAS NOTIFIED ME OF WHY THE CAT SCAN WAS NECESSARY.	
I WANT TO KNOW WHY IT WAS PERFORMED AND THE OUTCOME OF SAID CAT SCAN	

FOR OFFICIAL USE ONLY	
(PARA USO OFICIAL SOLAMENTE - NO ESCRIBA EN EL AREA SOMBREADA)	
Date Received:	
Staff Receiving Request:	
THIS FORM CANNOT BE PROCESSED	
(Usado na side tirado para enrevisión)	
You have been scheduled for an interview on:	
Check the Daily Appointment Schedule for your name	
Staff Response:	
IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING UNIT SOCIAL WORKER.	
(SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU TRABAJADOR SOCIAL DE UNIDAD)	

Distribution: (Original) Department Copy
(Yellow) Inmate's Copy With Response
(Pink) Inmate Copy

Form IRSF-1